

CITY OF OPPORTUNITY



NEWARK, N. J.

# HEALTH

# REPORT

# 1961

LEO P. CARLIN, Mayor  
Newark, New Jersey

Aaron H. Haskin, M.D., M.P.H.  
Director of Health & Welfare



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Some people do not realize the many valuable services paid for by the Health Division budget. Too often it is felt that we merely investigate neighborhood nuisances or placard for contagious diseases. Following is some of the work made possible by our budget.

NOT ONLY - Environmental sanitation; dog licensing and rabies control; infant boarding home supervision; computation and study of vital statistics.

BUT ALSO

1 - Medical Care: Approximately \$400,000 or 25% of our budget is spent to provide clinic treatments, free medication, physician home visits and nurse home visits, to those individuals who are unable to provide adequate medical care for themselves, or their families, through private medical facilities.

2 - Disease Control and Prevention: Frequent case-finding programs are conducted for early detection of Tuberculosis and Syphilis. X-ray screening and Tuberculin Testing are two measures used most extensively at this time for finding, and thus providing early treatment for unsuspected Tuberculosis cases. The public is encouraged to take advantage of free blood test programs which are conducted routinely for the purpose of diagnosing early syphilis.

During the year 1961 our eminently successful campaign was continued against Diphtheria, Whooping Cough, Tetanus, Poliomyelitis, and for vaccination against Smallpox. The Parochial School Bureau, through the co-operation of the Superintendent of Arch-diocesan Schools, requires all new students whether enrolling for the first school grade, or transferring into this school, to have full immunization prior to admission.

3 - Supervision for Healthy Babies: Monthly visits are made by nurses to instruct mothers as to the proper care for babies including visits to baby stations or to private pediatricians. The home visit includes discussions of behavior problems which require prompt attention if we wish to guard against possible abnormal mental development in later life.

4 - Parochial School Health Program: Secure and maintain for each individual child the greatest measure of good health, conduct health educational programs with individual parents and through P.T.A. conferences, faculty conferences, health talks, and films for the teacher and students, and to continue to educate the general public through referrals to community agencies for all who request assistance. This work is conducted by the Board of Education in public schools.

5 - Children's Dental Care Program: Free dental treatment is provided for an approximate total of 6,000 public and parochial school children who are eligible to receive it. This service is offered at the main building of the Health Division and in nine neighborhood clinics throughout the city.

6 - Food Inspection: Secure maximum sanitation methods for the preparation, display, and serving of foods, and of the food establishment.

7 - Pure Milk: Insure a pure supply of milk (2,000,000 quarts per week). In order to ascertain that the milk is pure, every individual, item, animal, and building which is in any way associated with housing, obtaining, providing, containing or preparing milk for distribution, is thoroughly inspected.

8 - Hay Fever Control: Through weed extermination.



CITY OF NEWARK, NEW JERSEY  
MAYOR AND CITY COUNCIL (ELECTED)  
ALL CITY FUNDS, ORDINANCES, APPOINTMENTS ETC.

DIVISION OF HEALTH  
ORGANIZATION  
ALL EMPLOYEES - CIVIL SERVICE

DIRECTOR OF HEALTH & WELFARE  
HAS CHARGE OF  
HOSPITALS, RELIEF, HEALTH, ETC.

DIVISION ENFORCES ALL  
STATE HEALTH LAWS  
AND ORDINANCES

DIVISION OF HEALTH

HEALTH OFFICER  
EXEC HEAD  
EXECUTIVE DIVISION  
ADMINISTRATION, VITAL  
STATISTICS, EDUCATION  
MAINTENANCE, ETC.

LABORATORIES  
CHEMICAL, BACTERIOLOGICAL, SEROLOGICAL  
SERVES ALL BUREAUS

DISPENSARY CLINICS  
TREATMENT OF INDIGENT PATIENTS  
AND HOME SICK CALLS  
DOCTORS & NURSES

PAROCHIAL  
SCHOOL  
MEDICAL INSPECTION  
&  
HEALTH EDUCATION

CHILD  
HYGIENE BUREAU  
&  
BABY  
KEEP-WELL  
STATIONS

SANITATION

DISEASE CONTROL

FOOD & DRUG  
CONTROL

MEAT  
INSPECTION

ENVIRONMENTAL  
SANITATION  
&  
DOG CONTROL

DENTAL BUREAU  
TREATS  
MOSTLY CHILDREN

CHEST DISEASE  
CONTROL  
&  
CLINICS

OCCUPATIONAL  
CLINIC  
DOMESTIC  
&  
SPECIAL  
GROUPS

VENEREAL DISEASE  
CLINICS & CONTROL

CONTAGIOUS DISEASE  
OTHER THAN TB  
OR VENEREAL





DIVISION OF HEALTH  
Newark, N.J.

Deputy Health Officer-Pascal J. Baiocchi, M.D. \*\* Assistant Health Officer-Robert F. Morgan

ADMINISTRATION

\*\*\*\*\*

Visual Health Education--Pierce C. Fellows, Supervisor

Supervisor of Vital Statistics-----Daniel Patris

Social Service Representative-----Grace E. Malone

MEDICAL AND DENTAL BUREAU HEADS

CHILD HYGIENE - Julius Levy, M.D.	OCCUPATIONAL - William T. Ramage, M.D.
CHEST DISEASES - Vincent J. Strack, M.D.	DENTAL - J. Edward H. Guthrie, D.D.S.
VENEREAL DISEASE - Edmond Edelson, M.D.	CONTAGION - Joseph W. Gardam, M.D.

MEDICAL RECEIVING OFFICER

Michael J. Fratantuno, M.D.

CHIEF PHARMACIST

Vincent Mascia, Ph.G.

CHIEF VETERINARIAN

John Devine, D.V.S.

CHIEF SUPERVISOR of LABORATORIES

Carl Cordasco, B.S., Ph.G.

SEROLOGICAL

Meyer Levy, B.S.

CHEMICAL

Sara Rothberg, B.A.

BACTERIOLOGICAL

Fred Coltrell

\*\*\*\*\*

SUPERVISING CHIEF INSPECTORS

SANITATION	---	Edward A. Smith
CONTAGION	---	William S. Jennings
FOOD & DRUG	---	David E. Morgan
MEAT INSP.	---	Joseph Hearl

SUPERVISING NURSES

CITY DISPENSARY	--	Sarah Welch, R.N.
CHILD HYGIENE	--	Edith D'Amato, R.N., B.S.
CHEST DISEASES	--	Frances Dlugosz, R.N.
PAROCHIAL SCHOOLS	--	Mary Hoban, R.N., B.S., M.A.

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# HEALTH REPORT

Newark, New Jersey

TO: Honorable Leo P. Carlin, Mayor - Members of the City Council,  
Director Aaron Hashin, I.D., and Citizens of Newark, N.J.

to many private agencies working with us.

normal of over 200 prior to 10 years ago.

There were 13,512 births or a crude rate of 33.4 per 1, or about average for the State. The age-adjusted rate is lower, or 26.3.

## ITEMS OF SPECIAL INTEREST

### Tuberculosis Mortality

Tuberculosis mortality has been declining steadily since 1950, when the rate was 10.0 per 100,000. In 1955, the rate was 4.0 per 100,000. This decline is due to a number of factors, including improved medical care, better nutrition, and more effective treatment. The rate of decline has been rapid in recent years, and it is hoped that the rate will continue to fall in the future.



## Tuberculosis Mortality (cont'd)

Another characteristic of tuberculosis is that the disease spreads rapidly in areas where there is frequent close contact with active patients. Living in overcrowded and unsanitary conditions makes it almost impossible to avoid such contact. Consequently, the disease rate is always higher in these sections of the city. In the tenement districts, where a large number of persons are crowded to live in the smallest of spaces, the tuberculosis rate is usually five to six times the norm, and very often increases the rate among the other citizens, as well.

The rate among negroes in Harlem, had been reduced through properly directed effort from 300 in 1942; 233 in 1944; and 222 in 1945, a reduction of over 90% in 19 years.

## Infant Mortality

Infant mortality, like tuberculosis mortality is an excellent measuring rod of public health work. There were 466 deaths under one year, among 13,722 births, a rate of 3.4 per 100 births, slightly higher than our eleven year norm. The Child Welfare Work started in this department 40 years ago, the rate was over 100. Had that rate continued there would have been 1,350 baby deaths last year instead of 469.

Infant mortality reduction has seen decline of intestinal, pneumonia and respiratory diseases. Infant mortality average 25 per cent, today and 100% infant mortality 20 years ago. Today, the only cause of greatest relative concern of death in the intestinal diseases. The number of reported deaths in 1945 of 27 deaths in 1944 were 127 per cent decrease in the past. Figures are shown of death in proportion of age, sex, color, and race, because statistics show that there were 10 deaths in 1945, 11.1% for males, 11.1% attributed to 14 cases. Deaths from congenital anomalies have shown a decrease from 30 in 1944 to 27 in 1945. Deaths from infectious diseases have shown a decrease from 10 in 1944 to 7 in 1945. Infant mortality rate for deaths over one month and over one year is 11.1 per 100, forty years ago it was 65.4.

## Care of the Sick

The hospital, for providing medical care to all was established, are also in the process of it. Approximately 200,000 hospitalizations, are provided for the city. In addition, a large number of patients are provided in the various clinics. Home care, for patients, are provided by the Medical Society, the Nurses Association, the day visit, the 100 per cent visit, and to the visiting nurse association for home care at the cost of \$1.00 per nurse visit. During 1945, 12,100 calls were made by physicians, while the visiting nurse association listed 221 home calls by their nurses.

A total number of 77,816 patients made 1,100 visits to our clinics this year. The prescriptions totaled 7,000. These figures do not include patients who visited either the venereal disease or tuberculosis clinics. Dental clinics at the main building of the Health Division provide service for adults as well as children. The nine neighborhood clinics are primarily for the purpose of providing care for children of both the parochial and public schools systems.



## Infant Welfare

[illegible]

FD-21 (Rev. 6-22-65)

... year - 12,000 have already taken the course.

## Spanish Speaking (for Porto Ricans)

terly take a course in Spanish.

babies under health supervision.

\_\_\_\_\_

1. The first group of people, the "old guard", are those who have been in the business for a long time and who are now retiring. They are the ones who have built the business and who are now passing it on to the next generation. They are the ones who have the most experience and the most knowledge of the business. They are the ones who are the most likely to be successful in the future.

1. The "A" number of the Injection.

cluded building inspections, etc.

## Diabetes Data 1996-1998

[illegible]

General creativity

enters from all causes number 100 or a crude rate of 12.1 per 1000 total population of 1950, compared with 9.0 in 1930. The Federal Hospital Center for many communities, non-resident deaths for excess deaths in 1950, at 10.0. If we subtract the non-resident, 1950, adjusted rate of 10.0 compared with 9.7 in 1930.





## General Mortality Continued

The following tables show the estimated population, crude deaths and death rate, as well as adjusted deaths and death rate since 1940. The Census for 1940, however, indicates a total of only 406,000, a reduction of 36,000 since the 1930 census. We feel certain the census takers missed a great many, especially in the overcrowded sections of the City. We have adjusted our estimates in the following table for each of the past ten years to comply with the official census totals.

### CRUDE AND ADJUSTED DEATH RATES

Year	Pop. in 100's	Crude Deaths	Crude Rate	Adjst. Deaths	Adjst. Rate
1940	429	5,025	11.7	4,761	11.1
1941	429	4,983	11.6	4,415	10.3
1942	429	5,090	11.9	4,659	10.8
1943	440	5,523	12.6	5,043	11.5
1944	440	5,052	11.6	4,535	10.3
1945	443	5,141	11.6	4,586	10.4
1946	443	4,937	11.1	4,395	9.9
1947	445	5,007	11.2	4,411	9.9
1948	445	5,222	11.7	4,382	9.8
1949	443	5,086	11.5	4,229	9.5
1950	443	5,126	11.5	4,292	9.6
1951	440	5,161	11.7	4,249	9.6
1952	436	5,411	12.4	4,515	10.3
1953	432	5,300	12.3	4,200	9.7
1954	429	5,089	11.9	4,027	9.3
1955	425	5,192	12.2	4,097	9.6
1956	421	5,041	12.0	3,995	9.5
1957	417	5,296	12.7	4,250	10.2
1958	413	4,971	12.0	3,950	9.5
1959	409	5,166	12.6	4,108	10.0
1960	405	5,064	12.5	3,953	9.7
1961	405	5,183	12.8	4,034	10.0

### Principal Causes of Death

The major causes of several deaths, including non-residents and the known deaths of New Yorkers dying from Tuberculosis in out of town sanatoria were as follows:

	1953	1954	1955	1957	1958	1959	1960	1961
Org. Heart Dis. --	1943	2018	1921	2042	2007	2101	2035	2102
Cancer --	328	343	306	342	328	360	316	346
Acuplexy --	493	348	542	577	535	540	520	460
Congenital Dis. --	209	359	307	366	300	309	325	346
Inc. Resp. Dis. --	228	324	333	306	310	342	340	200
Bright's Dis. Neph-	241	222	190	218	170	142	100	76
Tuberculosis --	97	68	72	72	52	52	40	52







## Contagion and Immunization Continued

Scarlet fever case fatality is worthy of noting. Although we still average 200 cases per year, we have had only one death among 4249 cases reported in the last 16 years. That disease, some 30 years ago, caused 19 deaths per thousand cases.

## Maternal Mortality

There were 6 maternal deaths out of 13,112 births, plus 242 still births, or a rate of 0.4 per thousand deliveries. We had one puerperal septicemia death and have had only four in ten years. Maternal mortality has been decreased 80% since the Medical Society formed a Maternal Welfare Commission to cooperate in this work with us some twenty-five years ago. (see index, Puerperal Deaths).

## Accident Deaths

There were 200 accidental deaths, 7 more than last year. Accidental deaths had been steadily dropping from 1943 when we had 304 to a low of 179 in 1954. Falls are the cause of almost half the accidental deaths with 82 this year. Auto and motorcycle deaths increased to 41, but far below the normal prior to 1959.

### Accidental Deaths by Principal Causes since 1943

Year	Tot.	Auto Motor	Falls	Fire	Other burns	Light Fed- ding	Cert. Honox	Drown- ings	Heart ex.	Gas	W. Bus	Disc.
1943	304	90	87	9	19	6	-	13	4	23	9	44
1944	270	77	92	9	14	3	-	5	7	26	5	32
1945	271	57	107	11	13	9	3	4	1	23	6	37
1946	234	66	90	8	12	8	3	5	1	13	2	26
1947	200	36	79	18	7	12	1	7	1	17	5	17
1948	212	40	78	10	11	12	1	18	8	14	2	18
1949	174	33	76	9	2	13	3	5	4	12	-	16
1950	194	40	84	9	10	4	3	9	-	13	5	17
1951	191	45	85	3	17	1	-	11	-	7	7	15
1952	226	50	90	8	9	4	-	8	29	9	1	18
1953	228	50	96	28	6	4	-	7	15	1	3	18
1954	179	35	90	17	8	6	2	3	-	8	2	9
1955	180	46	85	8	13	4	-	5	2	1	3	14
1956	195	67	80	10	8	10	5	2	-	1	5	7
1957	189	57	86	17	7	5	1	2	2	2	-	10
1958	195	57	101	18	1	3	-	4	-	1	1	9
1959	192	38	79	15	12	19	2	0	-	4	2	21
1960	193	37	87	9	8	25	4	7	-	1	2	13
1961	200	41	82	23	5	23	3	6	-	-	2	15



### Birth Statistics

There were 13,512 live or a crude birth rate of 24.4 per thousand. Using a hospital census, we had 1,100 reported births; subtracting this and adding 130 known live births out of town, we have an adjusted total of 13,662 Newark births, or a corrected birth rate of 24.2 per thousand. For 1960, the table is not available since 1948 compared with 1939. Note the drastic change in hospital, town and wife deliveries. Although one of a social and a public health problem, the rate of stillbirths is startling. Of the 1407 illegitimate births, 280 were Newark babies, a 20% total of the 1,407 Newark babies, over 13% were reported as illegitimate.

Total Births	--	13,512	White	8006	Still births	242
Males	--	6,897	Negro	5489	Illegit.	1,407
Females	--	6,615	Yellow	17		

Year	Total Bths.	Crude Rate	Adj. No.	Pths. rate	Hosp. Del.	Mid.	Home Phys.
1936	7236	15.8	--	--	6025	433	778
1948	13703	30.8	9300	20.9	13434	46	223
1952	13968	32.1	9050	20.1	13783	24	161
1953	14116	32.4	9321	21.5	13961	22	133
1954	14404	33.5	9708	22.4	14246	23	135
1955	14343	33.6	9847	23.1	14181	21	141
1956	14605	34.7	10003	23.7	14426	19	160
1957	14697	35.2	10463	24.9	14488	15	194
1958	13615	32.9	10206	24.7	13399	8	208
1959	13881	33.9	10408	25.4	13649	2	230
1960	13360	32.9	10165	25.1	13167	2	191
1961	13512	33.4	10663	26.3	13326	4	182*

Birth rates have declined from 1936 and efforts to limit abortion on gradually since 1950 to present 405,000.

\*Includes 284 illegitimate non-Newark babies in Newark area.





# TABLE 1. N. STATISTICS

Our estimates for Negro population in the past ten years, had been based on judgment and the death rates in that group. The Federal Census breakdown by color, and according to their figures, the Negro population significance to the rates.

Among them, we find the same high disease and mortality rates as would be

The mortality rate from all causes dropped from 18.8 in 1936 to 9.2 in 1961, over 50% reduction. For several years the rate has been about the same as for the total population. There were two puerperal deaths out of ten only one septicaemia death in 12 years.

Year	Pop in 100,000	Deaths	Mort rate	Births	Birth rate	TR Mort deaths	TR Mort rate	Infant mort deaths	Infant mort rate
1936	42	789	18.8	283	21.0	163	388.1	79	89.5
1938	43	690	16.0	977	23.2	131	304.7	62	62.2
1940	40	695	17.7	1043	26.1	138	345.0	74	70.9
1942	44	721	16.4	1277	28.3	125	284.1	69	54.5
1944	52	679	13.0	1326	25.4	119	229.1	76	57.3
1946	60	678	11.3	1595	26.6	122	203.3	87	54.5
1948	68	805	11.7	2225	32.7	103	151.5	123	55.3
1950	76	845	11.1	2344	30.9	98	129.0	118	49.9
1951	80	826	10.3	2590	32.4	82	103.7	109	42.
1952	85	896	10.5	2659	31.3	79	92.7	153	57.5
1953	92	907	9.9	2917	31.7	49	53.3	119	40.8
1954	98	878	8.9	3245	33.1	36	36.7	149	45.9
1955	104	976	9.4	3630	34.9	43	41.3	172	47.4
1956	110	921	8.4	4021	36.3	35	31.9	189	47.9
1957	116	1105	9.5	4419	38.1	47	40.5	197	44.5
1958	123	1056	8.6	4617	37.5	24	19.5	234	50.7
1959	130	1174	9.0	4936	38.0	30	23.1	253	51.2
1960	138	1162	8.4	5023	36.5	20	14.5	241	48.2
1961	138	1267	9.2	5489	39.8	31	22.4	252	45.9

The extremely low mortality rate among Negroes is partly due to that, groups naturally have the greatest number of deaths.



Administration

Robert F. Morgan, Asst. Health Officer

Statistical

Nathan Deschowitz, Acting Supervisor

was transferred to the Health Division.

Photostat copies of out-of-town births and deaths must also be sent to the city of residence.

ink in old bound books, most of which were rapidly deteriorating, but have saved hours of time looking up even one old record.

removal permit, both formerly free.

tificates, must be made.

Public Health

Pierce C. Fellows, Supervisor

Maintenance

It provides elevator operation, night watch service, etc.







1960  
 Personal Services (Salaries) \$1,802,186.  
 445 Employees  
 Other than Personal Services 191,982.  
 TOTAL \$1,994,168.

1961  
 Personal Services (Salaries) \$1,794,342.  
 451 Employees  
 Other than Personal Services 215,737.  
 TOTAL \$2,010,079.

Type of Expenditures (Other than salaries)			
1960	1961	1960	1961
Home Calls	17015.	In-service Training	1221.
Nurses' Calls V.N.A.	3460.	Barfare-travel Allow.	16262.
Ph. s-Clinic Supps.	44942.	Milk-Food Samples	1167.
	52767.	Cleaning Hlth Stas	3797.
Lab. & Dent. Eq. & Supps.	11737.	Furn. & Clin. Equip	4663.
	4202.	Light & Heat	6400.
Ray Film Sup.	7833.	Rent Annex & Stas	16366.
Tele Service	9642.		14126.
	10161.		
Postage	1494.	Printing & Stationery	16606.
Volio & Flu Vac	-		13406.
Automobile	2500.	Miscellaneous	2440.
	1700.		
		TOTALS	\$191982. \$187690.

RECEIPTS  
 These receipts are deposited into City as Misc'l receipts and are not reflected in our budget.

Chicken, Arrival, etc	\$773.40
Exam	11.00
Ice Creams	11.00
Best Jobbers	11.00
Refuse Trucks	20.00
Milk Store-Del	112.00
Meat Plant	400.00
Live Poultry	40.00
Inspection fees	1.00
Lab Fees Out-of-town	
Exam	1081.00
Food Soc Work	276.00
Ex bottles sales	34.25
Tel Refund Toll Sta	23.22
Life Insurance	20.00
Miscellaneous	41.65
Fees for birth, death and marriage records	(1156.00)
TOTAL	\$74265.12

DAILY Inspection Account  
 A separate "Daily Inspection Account" is kept for each of out-of-town inspections. Dealers may submit cost of travel, hotel, meals, etc. They maintain a balance at all times.  
 Expense 1961 \$27,512.97  
 Balance on hand -- 1/1/61 \$11,340.00

Dog License Account  
 A separate "Dog License Account" is also kept. Dog license receipts maintain the fund which pays all cost except salaries, such as the truck, rabies-vaccination fees and equipment.

RECEIPTS	
Balance January 1, 1961	371.40
1103 Dog Licenses	224.25
2 Pet Shops	20.00
2 Kennels	20.00
Dogs Redeemed	70.50
Total 1961 Receipts	\$25,573.25
GRAND TOTAL	\$30,915.03

DISBURSEMENTS	
State Fees	\$2,731.50
Shelter Rent	11,199.96
Vaccinations	6,998.00
Stamps	250.00
Printing	1,421.72
Miscellaneous	2,188.60
Total	\$24,789.78
Balance on hand -- 1/3/62	6,125.25





## MORTALITY TRENDS FOR 50 YEARS

19

YEAR	POPULATION 1,000's	CRUDE DEATHS	CRUDE DEATH RATE PER 1000	RATES PER 100,000		
				SCARLET FEVER	TYPHOID FEVER	DIPHTHERIA
1911	352	5,337	15.16	5.0	10.5	21.0
1912	370	5,423	14.65	3.0	7.0	21.5
1913	380	5,562	14.63	6.9	7.9	22.0
1914	395	5,809	14.70	6.2	6.6	1.4
1915	375	5,282	14.20	1.6	2.9	12.1
1916	385	6,357	16.50	1.8	6.0	1.9
1917	405	6,205	15.30	0.7	4.2	1.0
1918	430	8,483	19.72	2.6	3.5	14.1
1919	440	5,534	12.57	2.7	2.0	11.2
1920	414	5,551	13.40	2.9	1.9	12.3
1921	425	4,774	11.24	5.9	2.8	1.0
1922	432	5,209	12.06	3.5	2.8	1.0
1923	439	5,221	11.67	1.1	2.5	2.7
1924	446	5,004	11.22	1.2	2.7	2.7
1925	453	5,210	11.67	2.0	1.1	2.3
1926	460	5,150	11.25	1.3	1.5	1.6
1927	467	5,086	10.90	2.6	1.3	13.3
1928	474	5,512	11.63	1.3	1.0	20.0
1929	480	5,632	11.74	0.8	0.6	20.0
1930	480	5,239	11.92	0.7	0.2	10.9
1931	485	5,073	11.40	2.0	4.5	3.6
1932	490	4,682	10.40	0.7	0.9	0.5
1933	492	4,630	10.91	0.9	0.5	0.2
1934	494	4,764	10.49	0.4	0.2	0.2
1935	495	4,694	10.45	0.2	0.0	0.2
1936	497	5,331	11.11	1.5	0.2	NONE
1937	498	5,061	11.00	0.2	0.0	0.2
1938	498	4,670	10.85	0.2	0.4	0.2
1939	499	4,855	10.58	0.9	0.9	0.2
1940	429	5,025	11.71	NONE	NONE	NONE
1941	429	5,127	11.62	NONE	NONE	NONE
1942	429	5,256	11.86	0.2	NONE	NONE
1943	440	5,702	12.55	0.2	NONE	0.2
1944	440	5,201	11.88	0.2	NONE	NONE
1945	443	5,292	11.60	0.2	0.4	NONE
1946	443	4,937	11.11	NONE	NONE	NONE
1947	445	5,097	11.54	NONE	NONE	NONE
1948	445	5,087	11.43	NONE	NONE	NONE
1949	443	4,783	11.25	NONE	NONE	NONE
1950	443	5,126	11.57	NONE	NONE	NONE
1951	443	5,161	11.46	NONE	NONE	NONE
1952	444	5,411	12.14	0.2	NONE	NONE
1953	440	5,387	12.18	NONE	NONE	NONE
1954	449	5,089	11.29	NONE	NONE	NONE
1955	444	4,142	11.24	NONE	NONE	NONE
1956	449	5,041	11.38	NONE	NONE	NONE
1957	417	5,296	12.70	NONE	NONE	NONE
1958	415	4,971	12.03	NONE	NONE	NONE
1959	409	5,166	12.62	NONE	NONE	NONE
1960	405	5,064	12.51	NONE	NONE	NONE
1961	405	5,183	12.80	NONE	NONE	NONE

NOTE: POPULATION FIGURES FOR ALL THE YEARS FROM 1911 TO 1961 ARE BASED ON THE DECREASE REPORTED BY FEDERAL CENSUS OF 1960. THEY WILL THEREFORE DIFFER FROM ESTIMATES USED IN REPORTS OF PRIOR YEARS.



## OTHER INTERESTING HEALTH TRENDS 1919 - 1961

## ALTERNATE YEARS TO 1936

YEAR	DEATHS PER 1,000	INFANT MORTALITY	BIRTHS	BIRTH RATE	DIARR. DEATHS PER 1,000	Tub. DEATHS PER 1,000	Tub. DEATHS PER 1,000	DIPHTHERIA PER 1,000	TYPHOID PER 1,000	BACILLARY DISSENTERY PER 1,000	SCURVY PER 1,000
1918	1215	104.7	11,575	27.0	331	79.8	185.6	82	15	629	633
1920	994	84.7	11,734	25.3	284	54.0	130.4	62	8	507	492
1922	825	74.8	11,993	25.4	167	42	99.1	73	12	346	64.0
1924	746	65.2	11,449	25.7	132	392	87.9	39	12	399	729
1926	753	71.9	10,460	22.7	128	421	91.5	21	7	331	94.8
1928	626	63.8	9,802	20.7	78	412	86.9	95	5	208	1002
1930	512	52.2	9,704	22.2	45	445	101.0	48	1	214	1005
1932	371	42.3	8,746	19.4	16	360	80.0	2	4	252	978
1934	342	45.2	7,565	16.7	23	317	69.2	1	1	227	1022
1936	332	45.9	7,236	15.8	16	346	75.7	0	1	214	1167
1938	310	39.1	7,936	17.3	12	287	62.7	1	2	119	1201
1939	303	38.1	7,950	17.3	20	277	60.3	1	4	124	1210
1940	300	35.1	8,538	19.9	14	309	71.9	0	0	121	1370
1941	318	32.6	9,765	22.8	13	274	53.9	0	0	222	1530
1942	352	29.3	12,016	28.0	12	288	56.1	0	0	223	1766
1943	367	30.9	11,856	26.9	15	294	66.2	1	0	276	1975
1944	375	34.7	10,792	24.5	23	257	58.4	0	0	271	1941
1945	390	34.7	11,254	25.4	10	247	56.8	0	2	274	1966
1946	416	30.9	13,427	30.3	3	261	59.0	0	0	245	1663
1947	429	29.2	14,710	33.1	13	259	58.2	0	0	251	1724
1948	388	28.3	13,703	30.8	2	232	52.1	0	0	276	1901
1949	389	29.0	13,909	30.3	11	211	47.6	0	0	249	1728
1950	357	27.1	13,774	29.7	8	209	42.2	0	0	246	1822
1951	379	27.0	14,020	31.4	2	169	38.1	0	0	259	1845
1952	405	29.0	13,968	31.7	6	152	34.5	0	0	239	1957
1953	364	25.8	14,116	32.1	6	97	22.0	0	0	241	1963
1954	412	28.6	14,404	32.5	12	68	15.3	0	0	213	1976
1955	426	29.7	14,343	32.4	13	68	15.3	0	0	222	2132
1956	448	30.7	14,005	32.9	2	72	16.2	0	0	140	1921
1957	443	30.4	14,697	32.9	5	72	16.1	0	0	212	2122
1958	439	32.1	13,615	30.5	8	52	11.4	0	0	178	2107
1959	490	35.9	13,881	31.0	16	52	11.5	0	0	142	2101
1960	451	33.7	13,360	29.9	39	40	10.0	0	0	167	2034
1961	469	34.7	13,512	32.4	18	52	12.2	0	0	174	2102

NOTE: DEATHS FROM SPECIFIC CAUSES ARE SHOWN AS PERCENTAGE OF TOTAL DEATHS FOR EACH YEAR.

## 1961 DEATHS FROM SPECIFIC CAUSES BY AGE, SHOWING PERCENTAGE BY AGE

CAUSE OF DEATH	TOTAL	UNDER 5	%	5-24	%	25-44	%	45-64	%	65+	%
TOTAL (ALL CAUSES)	5183	526	10.4	89	1.7	432	8.4	1538	29.5	2598	50.1
PNEU & OTHER RESP.	295	43	14.5	5	1.7	30	10.2	62	21.0	155	52.6
TUBERCULOSIS-ALL FORMS	52	3	5.8	2	3.9	25	48.1	11	21.1	11	21.1
BRIGHT'S DISEASE	176	1	0.6	4	2.3	21	11.9	48	27.2	102	58.0
CANCER	746	4	0.5	9	1.2	52	7.0	312	41.8	369	49.5
APPENDIX	577	2	0.4	5	0.9	37	6.5	136	24.0	387	68.2
ORGANIC HEART DIS.	2102	9	0.4	9	0.4	109	5.2	701	33.4	1274	60.6
ACCIDENTS	200	37	18.5	17	8.5	36	18.0	41	20.5	69	34.5



1918 - 1919

YEAR	TOTAL CAUSE	UNDER 1 YR.	1 AND IN 2	2 AND IN 5	TOTAL IN 5	5-14	15-24	25-44	45-64	OVER 65
1918		1715	433	434	2702	314	710	2308	1754	1245
1919		862	190	184	1238	249	345	1204	1376	1122
1920	511	994	253	192	1439	220	327	1041	1379	1145
1921	714	837	136	134	1107	194	248	910	1256	1061
1922	724	822	198	166	1186	232	268	925	1414	1114
1923	5221	756	163	136	1055	196	305	872	1503	1290
1924	5111	746	130	139	1015	199	268	975	1470	1184
1925	5111	746	132	144	1022	206	273	1018	1640	1288
1926	5111	753	187	158	1098	156	277	1015	1618	1442
1927	5294	636	109	112	857	210	277	974	1724	1254
1928	5294	626	156	186	968	245	304	1002	1794	1422
1929	5111	594	104	152	850	192	308	1162	1768	1577
1930	5111	512	83	119	714	108	327	1037	1788	1393
1931	5111	440	64	98	652	172	252	1025	1747	1458
1932	4887	379	41	73	485	128	222	890	1677	1442
1933	5111	356	68	96	520	141	215	914	1775	1563
1934	5111	342	54	54	450	117	192	824	1779	1559
1935	444	417	46	60	523	117	190	864	1782	1511
1936	111	332	45	45	422	116	208	861	1892	1832
1937	214	287	51	61	400	115	202	812	1877	1850
1938	111	310	29	45	384	86	179	751	1845	1871
1939	444	303	23	30	350	97	168	704	1777	1909
1940	211	300	26	33	359	55	168	703	1934	1988
1941	5111	318	30	34	382	62	138	639	1948	1958
1942	5246	352	25	36	412	50	151	682	1935	2025
1943	5111	367	24	44	435	66	148	660	2074	2313
1944	5201	375	24	29	428	67	113	618	1904	2071
1945	5202	390	24	31	445	75	124	564	1933	2151
1946	5111	416	14	31	461	51	112	561	1810	2083
1947	5111	429	24	33	486	32	98	591	1898	2153
1948	5222	388	22	21	431	29	73	502	1949	2237
1949	5111	389	22	28	439	33	86	472	1825	2231
1950	211	357	22	24	403	25	84	515	1928	2254
1951	5161	379	19	29	427	38	56	495	1855	2290
1952	5411	405	15	28	448	37	61	538	1956	2372
1953	5111	364	24	33	421	39	55	493	1906	2473
1954	5111	412	22	29	465	24	46	456	1788	2309
1955	5102	426	27	29	482	33	54	460	1768	2395
1956	5111	448	17	23	490	42	62	447	1672	2358
1957	5296	413	22	27	492	34	50	498	1776	2446
1958	5111	437	39	32	508	33	41	425	1596	2368
1959	5111	438	17	47	562	38	39	414	1660	2453
1960	5111	451	31	38	520	34	48	408	1532	2522
1961	5111	469	22	35	526	32	57	432	1538	2598

NOTE: TOTAL DEATHS INCLUDE ALL DEATHS IN NEWARK, BOTH RESIDENT AND NON-RESIDENT, AS WELL AS DEATHS OF NEWARKERS AT OUT-OF-TOWN INSTITUTIONS.



Deaths and Death Rates - By Cause and Color - 1960 - 1961  
(Specific Death Rate per 100,000)

18

	Total				Negro			
	1961		1960		1961		1960	
	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths
Total - All Causes	12.8	5183	12.5	5,064	9.2	1267	8.4	1162
Diabetes Mellitus	13.1	53	8.1	33	15.1	21	9.4	13
Septicemia	4.4	18	2.2	9	5.1	7	0.0	0
Peritonitis	5.9	24	5.4	22	5.1	7	8.0	11
Leukemia	5.2	21	6.9	27	2.2	3	2.2	3
Palm Emb & Inf.	10.7	43	12.3	50	5.6	8	3.6	5
Infantile Paralysis	0.0	0	0.0	0	0.0	0	0.0	0
Typhoid Fever	0.0	0	0.0	0	0.0	0	0.0	0
Erysipelas	0.0	0	0.0	0	0.0	0	0.0	0
Measles	0.0	0	0.0	0	0.0	0	0.0	0
Tetanus	0.0	0	0.0	0	0.0	0	0.0	0
Scarlet Fever	0.0	0	0.0	0	0.0	0	0.0	0
Diphtheria	0.0	0	0.0	0	0.0	0	0.0	0
Whooping Cough	0.0	0	0.0	0	0.0	0	0.0	0
Influenza	0.0	0	0.0	0	0.0	0	0.0	0
Epidemic Meningitis	0.7	3	1.2	5	1.4	2	2.2	3
Other Epid. Diseases	0.9	4	0.7	3	0.7	1	0.7	1
Tuberculosis (Lung)	10.5	42	8.1	33	17.4	24	11.5	16
" Meningitis	0.4	2	0.2	1	1.4	2	0.7	1
" Other Forms	1.9	8	1.4	6	3.6	5	2.2	3
Other Major Causes	181.2	719	176.8	716	96.2	135	84.0	116
Simple Meningitis	2.4	10	4.2	17	1.4	2	8.0	11
Organic Heart	110.9	367	128.1	523	98.4	156	81.8	113
Lobar Pneumonia	519.0	2102	502.5	2,035	251.5	347	241.3	333
Broncho Pneumonia	13.5	55	21.5	86	14.4	20	18.8	26
Other Respiratory	24.2	98	29.6	120	25.8	36	27.2	38
Dis. of Stomach	36.1	146	38.0	154	25.8	36	13.6	19
Diarrhea (Under 5 yrs)	8.6	35	6.4	26	5.1	7	4.4	6
Appendicitis & Typhlitis	4.4	18	9.6	39	9.4	13	19.2	27
Heart & Int. Obst.	0.7	3	0.0	0	0.7	1	0.0	0
Chronic Liver	9.9	40	7.4	30	4.4	6	3.6	5
Nephritis	23.0	94	17.8	72	17.1	24	1.6	2
Puerperal Septicemia	43.7	176	41.6	167	27.9	39	27.9	39
Other Puerperal Dis.	0.4	2	0.2	1	1.4	2	0.0	0
Conjunctive Diseases	0.6	3	1.2	5	2.2	3	1.4	2
Old Age	90.1	366	80.3	325	139.8	193	115.0	160
Accidents	2.2	5	2.2	9	0.7	1	0.0	0
Homicide	49.3	200	47.6	193	59.2	82	52.9	73
Suicide	8.5	34	9.4	38	16.7	23	18.8	26
Ill Defined Causes	8.1	33	8.1	33	4.4	6	2.2	3
All Other Causes	16.0	65	18.8	76	27.2	38	25.0	35
	41.6	167	52.6	213	27.9	39	47.8	66

Note: Negro rates based on 136,000 Census figure for 1960 and revised estimate of 130,000 for 1959.  
Total rates are based on 1960 Census of 405,000 and revised 1959 estimate of 409,000.





	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970	
DIABETES MELLITUS **	5161	5111	5187	5180	5112	5041	5246	4411	5166	5064	5183
SEPTICAEMIA **						36	39	23	43	33	53
PERITONITIS **						12	15	9	11	9	18
LEUKEMIA **						25	38	39	26	22	24
POLYCYTHAEMIA & INFARCT.						34	35	31	32	27	21
						56	51	41	45	50	43
INFANTILE PARALYSIS											
TYPHOID FEVER											
ERYSIPELAS	1	2	0	2	2	0	0	2	1	0	0
MEASLES	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0
TETANUS	0	1	1	1	0	0	6	0	1	0	0
SPALLT FEVER											
DIPHTHERIA	0	0	0	0	0	0	0	0	0	0	0
	0	1	0	0	0	0	0	0	0	0	0
BRONCH. COUGH	0	0	0	0	0	0	0	0	0	0	0
INFL. ENZ.											
EPID. MENINGITIS OR SPIN.	0	1	0	0	0	0	0	0	0	0	0
OTHER EPIDEMIC DISEASES	3	2	5	1	0	1	2	1	0	0	0
	2	2	1	1	5	2	2	1	1	5	3
	0	0	0	0	0	1	0	0	0	3	4
TUBERCULOSIS (LUNGS)											
" (M. TUB. NINGIT.)											
" OTHER FORMS	1	1	78	59	58	60	63	49	40	33	42
CANCER & MALIGN. TUMOR	12	8	12	5	2	8	4	1	8	1	2
	15	10	7	4	8	4	5	2	4	6	8
	795	774	828	783	741	706	762	718	750	716	746
SIMPLE MENINGITIS											
A. PLEXY											
ORGANIC HEART DISEASE	8	10	10	12	11	7	11	2	13	17	10
ISCH. PNEUMONIA	144	146	143	124	140	142	147	135	149	120	167
	1805	1857	1861	1936	2018	1921	2042	2007	2101	2035	2102
BRONCHO PNEUMONIA	53	61	46	55	57	50	57	37	46	46	55
OTHER RES. RATORY											
2 SEASONS OF STOMACH	70	87	77	91	91	125	159	141	130	120	98
DARRHÆA UNDER 5 YRS.	121	138	105	104	178	158	170	142	148	154	146
	42	31	32	54	46	28	35	29	24	26	35
	2	6	6	13	13	3	5	8	16	39	18
APPENDIC. & TYPHLITIS											
HEPATIC & INT. OBSTR.											
CIRRHOSIS OF LIVER	6	11	7	6	4	3	2	1	2	1	3
N. PHRYTIS	41	56	42	50	33	34	41	28	32	30	40
	69	70	94	84	81	89	75	74	76	72	94
DEATH OF WOMEN (NOT CANCER)	254	238	241	213	222	190	218	178	142	167	176
PULMONAL SEPTICAEMIA											
OTHER B. C. DISEASES	1	1	2	1	1	1	1	1	1	1	1
CONG. DISEASES	0	1	0	0	0	0	0	1	0	1	2
	7	15	10	10	6	3	5	6	10	5	3
	722	717	793	723	759	787	765	777	789	725	766
OLD AGE											
A. DEMENTS											
HOMICIDES	8	6	1	3	3	7	4	0	4	9	5
SUICIDES	141	226	228	180	180	195	189	195	192	193	208
	26	34	32	41	30	27	40	42	34	38	34
ILL DEFINED	39	32	41	30	34	39	29	24	26	33	33
ALL OTHER CAUSES											
	64	54	65	57	37	51	55	32	72	76	65
CRUDE DEATH RATE	658	716	662	542	570	275	217	111	111	213	166
PER THOUSAND											
	11.7	12.4	12.5	11.0	12.2	12.0	12.4	12.0	12.6	12.5	12.8



## DATE ENTERED YEAR OF ADOPTION 1918 = 1919 ALTERNATE YEAR

Y A2	M A=	RDEN=	PRC L=	M A P=	BRD=	OTM P=	ST=	CONDOS/UNIT	AT	TOTAL
	L	M T=	M T=	TIT=	RATA	T F A L=		PREMIUM		
			1	1	1			112	112	112
				1	1			107	107	91
				1	1			359	98	822
				1	1			356	86	796
	1		1	1	1			320	70	751
	1		1	1	1			346	55	626
				1	1			278	73	512
								232	40	371
								221	31	342
				1	1			202	42	332
					1		10	211	33	316
		1	26	1	1		0	223	32	300
7	2	1	1	1	1		0	260	35	352
1		1			2		3	275	22	375
1					3			310	32	415
1			2	1	2		1	315	43	388
1		2	2	1	1			288	30	357
7		1	1				0	315	42	405
		2	20		11			321	42	412
			31		1			182	19	449
				2				373	20	439
	1		12	1	1		0	386	46	498
				1	16		0	320	46	451
	1	3	29	1	1			366	52	

Y. AR, T. J.

[illegible]

IN 1994 THE POST-NEONATAL RATE WAS 59.9 COMPARED WITH OUR PRESENT RATE OF 18.2.



INFANT MORTALITY BY COLOR

YEAR	WHITE Per 1,000	COLORED Per 1,000	WHITE Per 1,000	COLORED Per 1,000	WHITE Per 1,000	COLORED Per 1,000
1920	81.0	149.0	43.6	86.0	37.0	66.0
1921	61.0	111.0	33.8	89.0	27.0	65.0
1922	49.0	114.0	23.0	70.0	26.0	68.0
1923	30.0	91.0	17.0	42.0	21.0	48.0
1927	1.0	61.0	12.0	37.0	21.0	23.0
1931	28.0	62.0	7.0	21.0	21.0	41.0
1935	11.0	44.0	10.0	20.0	21.0	33.0
1937	25.0	54.0	5.0	11.0	19.0	42.0
1939	22.0	41.0	5.0	17.0	17.0	40.0
1941	27.0	42.0	4.0	10.0	19.0	31.0
1943	21.0	40.0	4.0	8.0	17.0	32.0
1945	25.0	47.0	4.0	16.0	19.0	33.0
1946	2.0	47.0	6.0	11.0	18.0	35.0
1947	21.0	34.0	5.0	12.0	18.0	32.0
1948	22.0	50.0	4.0	14.0	19.0	36.0
1949	27.0	53.0	6.0	14.0	20.0	36.0
1950	27.0	54.0	7.0	14.0	18.0	30.0
1951	27.0	45.0	8.0	11.0	18.0	30.0

\*POST NEONATAL IS OVER 1 MO. BUT UNDER 1 YEAR \*\*NEONATAL IS UNDER 1 MONTH.

\* \* \* \* \*

BIRTHS-ATTENDANT & PLACE OF DELIVERY

STILLBIRTHS & MATERNAL DEATHS

YEAR	TOTAL BIRTHS	NON-RES. BIRTHS	HOSPITAL DELIVERIES	HOME DELIVERIES PHYS. MIDWIFE	PER CENT DEL. IN HOSPITALS	
1915	10,955	238	1,205	4,243	5,494	11.0
1916	7,638	1,812	6,076	1,047	715	79.0
1917	7,050	2,180	7,315	401	234	42.0
1918	11,056	3,970	11,250	432	194	9.0
1919	13,111	4,977	12,009	179	34	98.0
1920	13,082	5,683	13,783	161	23	98.0
1921	14,104	5,700	14,186	135	29	98.0
1922	14,343	5,639	14,141	141	21	98.0
1923	14,005	5,636	14,026	160	19	98.0
1924	14,607	5,611	14,488	194	15	98.0
1925	13,415	4,616	13,399	208	8	98.0
1926	13,081	4,736	13,409	230	2	98.0
1927	13,360	4,411	13,167	191	2	98.0
1928	13,112	4,169	13,226	192	4	98.0

YEAR	PUER. DEATHS	MAT. MORT. PER 1,000 DEL.	BIRTHS	STILL BIRTHS	STILL BIRTHS PER 1,000 DEL.
1919	53	4.5	11,001	535	4.1
1920	58	5.2	10,003	422	3.7
1921	67	6.0	9,884	367	3.6
1922	41	5.2	7,565	296	3.2
1923	23	2.8	7,006	247	2.9
1924	22	1.8	12,016	301	2.4
1925	16	1.2	13,127	222	2.3
1926	12	.9	13,174	264	2.0
1927	16	1.1	13,008	264	1.8
1928	13	.9	13,404	266	1.8
1929	6	.4	13,315	310	2.1
1930	3	.2	14,005	311	2.1
1931	5	.3	13,607	283	1.8
1932	7	.5	13,615	281	2.0
1933	10	.7	13,881	294	2.0
1934	6	.4	13,300	272	2.0
1935	5	.4	13,512	210	1.7



## SANITARY BUREAU

Edward A. Smith, Supervising Chief Sanitary Inspector

In May of 1961 this Bureau was transferred from the Health Department to the Bureau of Inspections in the City Hall. It maintains a staff of 9 inspectors who are authorized to investigate sanitary complaints and to insure sanitary conditions. By enforcement of the Sanitary Code, it also regulates rodents and vermin extermination and supervised fumigation with dangerous gases.

During the last six months of the year an additional 8 men were temporary appointed to work in cooperation with the Bureau of Sanitation to enforce the Health and Sanitation Ordinance relating to preparation, collection and disposal of ashes, garbage, oil, paper and other material.

### Sanitation

Hearings Held (No. of Cases)	104	Nuisances Confirmed	14,078
Cases Prosecuted	400	Notices Served	14,006
Convictions	170	Abatements	13,283
Total Inspections	51,593	Complaints Unjustified	830
Complaints Investigated	10,292		

The nuisances confirmed included hundreds of different conditions. The largest in number were the following:

Heat (Insufficient or defective equipment)	532	Dog-Cat Conditions-Barking, Filth, Odors, etc.	3,589
Insanitary Housekeeping	794	Defective Walls-Ceilings, etc.	1,410
Overcrowding (Insuf. Airspace)	129	Rodent & Vermin Infes.	943
Accumulations (Garbage, etc.)	2,327	Cellar Sleeping	10
Waste Cans (Insuf. Number)	2,198		
Garage Accumulations, etc.	74		
Weeds	171		

License & Permits After inspection and approval, following permits were granted:

Ice Trucks	36	Refuse Trucks	40
Keeping Powl	72	Animal Permits	4

Fumigation Control Extermination and other procedures by use of dangerous gas is limited to licensed fumigators who must pass a written examination. Every fumigation is then supervised. Work also includes rodent and vermin investigation.

Pharmaceutical Fumigations	77	Structure Demolitions	287
Factory & Brewery Fumig.	14	City & Private Pump Insp.	12
Freight Cars Fumigations	6	Total such Inspections	299





Rabies Control The same group of inspectors investigates all animal bites (which must be reported), and quarantine the biting animals for ten days. If animal is well at end of that quarantine, it is released and it proves the animal did not have rabies in the infectious stage at the time of biting. The bitten person in that case does not need the Pasteur treatments (which we provide free for Kewara residents when animal has been found to be rabies infected).

During the year, 1,027 bites were investigated (1,950 dogs, 18 cats, 14 other animals). No biting animal proven positive and no one was given the Pasteur Treatment.

Rubbish Control (Dry Fever and Poison Ivy) In addition to serving notice on owner of property where weeds are rampant, one of our maintenance workers maintains a truck with spraying facilities. Many of the worst spots are privately owned or of doubtful ownership. He sprayed 117 such places, mostly during the ragweed pollination period as that is the principal offender in causing "hayfever". Such spots vary from small lots to such places as a strip 1' x 1000', another 1' x 5000' and one 2 1/2' x 6000'. The material used included chemicals destroying both ragweed and poison ivy.

Throughout the year this Division received hundreds of complaints from the Bureau of Sanitation and Police Department regarding the following violations of our Sanitary Code.

Improper Receptacles  
 Improper Preparation of Ashes  
 Improper Preparation of Garbage  
 Improper Preparation of Paper  
 Improper Preparation of Rubbish  
 Receptacle not removed within one hour after collection  
 Other violations

In each case was investigated by the Health Inspectors and where violations were found to exist a written notice was served personally on the responsible person giving him 7 days within which to abate the nuisance.

A series of truck regulations thousands of new cans are replacing the old painted cans, boxes, barrels and baskets formerly in use throughout the city.







David E. Morgan, Supervising Chief Inspector  
Michael J. Carson, Chief Inspector

### Food and Drug Bureau

The Food and Drug Bureau is responsible for the inspection and supervision of the handling, preparation, storage and transportation of all articles of food, drugs and cosmetics. In carrying on this wide scope work, it is the responsibility of the Bureau to see that all such articles in every phase of their preparation, packaging, sale, etc. comply with all Federal and State laws and regulations and all local ordinances.

There are fifteen (15) inspectors assigned to food and drug control work. Their duties include the inspection of all food, drug and cosmetic operations. Together with the inspection of such establishments, these men carry on a continuous campaign of various types of food and drugs for laboratory analysis to determine compliance with all regulations and legal requirements. In many instances, these articles are taken to determine the time of preparation to determine any evidence of adulteration or misbranding. Any samples found to be misbranded are embargoed until properly relabeled and if found adulterated or unfit for use are condemned and destroyed immediately. During the past year, these inspectors destroyed a considerable amount of food and drugs due to adulteration.

These inspectors also carry on a daily collection of swabs taken from all types of eating and drinking places to determine the efficiency with which utensils are being cleaned and sanitized. In any eating or drinking establishment where the laboratory results are unsatisfactory a recheck swab is taken immediately and the operator instructed in the proper methods of cleaning and sanitizing utensils. If the second swab taken is unsatisfactory, legal action is taken immediately to recover a penalty. There have been several cases during the past year where the swabs have been found repeatedly unsatis-



factory and we have been forced to embargo and close all operations at those locations. The embargoes were continued until we were convinced by further laboratory specimens that all material were being properly cleaned and sanitized.

A large part of the program of this Bureau includes the inspectional work covering the quality of the milk and milk products supplied to this city. This program includes the periodic inspection of all sources of supplies and the dairies supplying same with milk. This work is carried on throughout our entire milk herds and includes both in-state and out-of-state supplies.

During the past year, we have continued our exchange program covering our milk supply with the New Jersey State Department of Health. This exchange program is helpful in that it eliminates duplication of inspection, is time-saving and economical. Our milk control program also includes the daily taking of sample specimens of different dairy products for both bacteriological and chemical analysis. There are six inspection stations assigned exclusively to the milk control program.

In carrying out our Bureau program, we, at all times, work in close co-operation with the U. S. Food and Drug Administration, the New Jersey State Department of Health and with many other local health departments in this area. The exchange of information is of great value to both ourselves and the other departments with which we co-operate.

During the past year, the Federal Government has been going through a constant change regarding the standards of identity of foods and drugs as to their so-called branding and adulteration. We are kept informed, at all times, regarding any of these changes and, of course, take whatever steps are necessary to comply with the federal standards.

It is our intention, during the coming year, to carry on a progressive control program and to continue our close co-operation with all other departments carrying on similar work.





<u>Inspectors report</u>	<u>Inspected</u>	<u>Reinspected</u>	<u>Total</u>	<u>Excluded</u>
Pasteurizing Plants	225	2	227	0
Receiving Plants	314	12	326	0
Dairies	8,617	581	9,198	94
Ice Cream Plants & Counter Freezers	35	15	50	0
Manufacturing Plants (Dairy Products)	3	—	3	0
Bottling Plants	2	—	2	0
Depots	4	—	4	0
<b>Totals</b>	<b>9,200</b>	<b>610</b>	<b>9,810</b>	<b>98</b>

<u>L. V. C. Samples</u>	<u>Bacteriological</u>	<u>Chemical</u>	<u>Total</u>
Milk & Cream Samples	3,591	3,151	6,742
Ice Cream, Other Frozen Conf.	156	156	312

CITY OF LOS ANGELES (Total City Inspections - 98,804)

Where Food is prepared or cooked

	<u>Places</u>		<u>Other Food Establishments</u>	
	<u>Inspections</u>		<u>Places</u>	<u>Inspections</u>
Restaurants, Lunchrooms	1,004	6,019	Confectioneries	203
" Ice Creams	478	2,167	" Misc. Food, Etc.	259
" Confection.	18	102	" Sausages	929
" Groceries	19	63	" Groceries	980
" Drug Stores	16	83	Produce	162
Delicatessens	58	447	Drug Stores &	
Bakeries	132	716	Plants	149
				294

Violations by inspectors - 407

Violations by inspectors - 4,107

Violations by inspectors - 31

Suspected Food Poison

Violations by inspectors - 21

Violations by inspectors - 1

Violations by inspectors - 11

Total Court penalties - \$8,670.00

Utensil swab samples - 1,011

Flower water samples - 76

Misc. samples taken - 24

#### MILK LICENSES

Milk - 1,507      Vending Machines - 96  
 Dealers - 317      Milk Depots - 6







CONTAGIOUS DISEASE BUREAU:

Joseph W. Gardan, M.D., Physician-in-Charge  
William S. Jennings, Supervising Chief Inspector

ETERNAL VIGILANCE IS THE PRICE OF SAFETY!

Another year has proven the value of our continued devotion and increased activity in the PREVENTION OF DIPHTERIA AND SCARLET. The most outstanding illustration is Poliomyelitis. For the first time in our history, we have had a year entirely free of this disease. Our campaign over the years is bearing fruit. We have followed this through, with many projects at schools, housing developments, industrial sites, mobile units throughout the city, etc. The amount of detail in planning, arranging, the time, personnel, location, publicity, etc., has taken many hours of untiring work on the part of our regular staff personnel. We are particularly grateful to the nurses and lay personnel of the Child Hygiene Bureau, the Child Inspector, the Contagious Disease Bureau, the schools, both Public and Parochial, the Bureau of Printing, and all others who have so unreservedly and unstintingly cooperated with us. Without their help our efforts would have been hopeless. Following are the tables showing the number of people immunized:

SALK VACCINE IMMUNIZATIONS - CITY OF NEW YORK 1955-1961

	1st	2nd	3rd	4th	5th	TOTAL
Public Schools	21,719	23,462	24,607	21,360		193,608
Parochial Schools	15,540	11,859	1,661	1,669		57,768
Bapt. Conv. Stations	30,40	27,765	21,720	1,664		81,555
Health Dept. Clinic	2,31	5,367	2,	1,107		21,288
Miscellaneous	2,22	2,534	1,21	1,21		7,222
Adults	2,22	2,306	2,200	2,75	119	28,285
	123,370	112,473	93,449	60,793	119	390,204

  

	1st	2nd	3rd	4th	5th	TOTAL
Public Schools	21,719	23,462	24,607	21,360		193,608
Parochial	15,540	11,859	1,661	1,669		57,768
Bapt. Conv.	30,40	27,765	21,720	1,664		81,555
Health Dept.	2,31	5,367	2,	1,107		21,288
Miscellaneous	2,22	2,534	1,21	1,21		7,222
Adults	2,22	2,306	2,200	2,75	119	28,285
	123,370	112,473	93,449	60,793	119	390,204

**MORBIDITY:** Attention is also called to the fact that Diphtheria has not occurred in our city since 1942. Here to , our preventive campaign has continued with unrelenting activity. Our work starts with the follow-up of newborns soon after birth,



and others with its incidence throughout the whole year. Infantile Diarrhea, Typhoid, Para Typhoid, Indulant fever, bacillary dysentery, Anthrax, Kneecanitis, Tetanus, Scalding, etc., etc., all show no cases of this report.

### MORBIDITY REPORT - 1951-1961

	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	11 Yr Ave
Typh. Fever	0	4	1	1	2	0	2	0	0	0	0	0
Para Typhoid	0	0	1	0	0	11	3	0	0	0	0	0
Dysentery	513	468	56	1								402
Indulant Fev.	1	0	0	0	0	1	0	1	1	0	0	0
Trichinosis	1					2		1	2	0	2	1
Lower Pneum.	51	268	188	171	107	15	15	152	171	22	202	188
Acute Bronch.		1	51	21	52	5	7	477	607	25	525	525
Epidemic Men. Fev.	11	17	12		12		14	14	7	13	15	11
Infantile Par.	22	29	34	49	62	9	7	54	10	5	0	22
Scarlet Fever	20	21	22	27	15		11	25		22	48	117
Measles	3536	11390	262	3434	213	1379	448	2186	3322	2543	4305	3336
Presinulas	9	27	11	6	5	3	8	11	4	4	5	5
Scarlet Fever	441	275	0	12	7	45	24	7		11	13	65
Opth. Neum.		2	2	3		15	2	4		5		4
Acute Fev.						0	0				0	0
Dysentery (Bac.)	1	0					3				2	0
Scabies	2	1	0	1	0	0	1	1		1	0	1
Influenza	62	5	55	30	25		27		22	27	23	30
Alaria	0	3	3	1	0	0				0	0	0
Scarlet Fever	62	25	30	27	2	30	45	144		105	71	47
Strept. Throat	2	6	0	4	1	3	4	10	9	8	18	4
Scarlet	1	21			5		27	71	25	50	10	10
Scarlet	1	14			0		0	22	2	40	253	22

	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	Total
Y. F.	117	377	733									
1956	3877	4112	7989									
1957	3020	2614	566									
1958	176	474	106									
1959	118	124	4112									
1960	122	22	615									
1961	791	6604	7395									

### CULTURE COLLECTORS' REPORT

	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	TOTAL
Collected:	47	176	237									19805
Delivered:	111	79	714									16156
Stations Vis.												5054

A case of typhoid fever has been with us for the first time in this country, jumped to an all-time high with 23 cases reported in the last 24 hours. However, 1 were ex-patients from the U.S. who had been in the U.S. for some time, and we are unable to trace the source of infection, with a minimum of 100,000, 100,000, and 100,000.









Care also, i.e. - for minor public cases

The dispensary provides clinic treatment for medically indigent and those on relief. Some medical care is also provided by doctor calls - paid by relief department for relief cases and Health Division for medically indigent. Patient is given choice of physician. Clinic treatments in this report do not include those for Tuberculosis, Syphilis and Venereal. Treatments reported elsewhere in this report.

The dispensary provides physicians and nurses for the physical examination of all new City employees and relief cases.

Free treatments numbered 54,417 for 27,116 individual patients. Approximately 30% of all patients are on relief.

#### CLINIC TREATMENTS

	1960	1961		1960	1961
Allergy	2,601	2,219	Blood tests	3,838	3,993
"	1,177	1,177	"	2,200	3,671
"	787	529	Mis. Immunization	2,204	2,692
Polio	10,780	10,237	Polio Immunization	5,615	5,969
Nervous Diseases	1,361	1,088	"	1,171	1,171
Neuropsychiatric	348	268	Vaccinations	3,733	3,444
"	1,220	1,220	"	"	"
Social	420	471	X-ray Dental films	12,096	11,714
Skin	5,097	6,270	Misc. x-ray body work	3,402	3,441
Surgical	2,386	2,325			
Varicose Veins	105	90	Total x-ray work	20,541	20,446
			1960	1961	
Free treatments			52,713	51,517	
Individual patients			27,399	27,116	
Total free prescriptions			76,380	75,119	
Doctors home calls			4,656	3,221	
A.F.A. home calls			632	221	

Patients are cleared through the Social Service Bureau for eligibility in receiving free medical care. One emergency treatment is given to patients who are ineligible for further care.

Post check visits are made specially on doctor home calls which are investigated and billed if not eligible. No future home calls or clinic treatments are given ineligible.

During the year workers made 3,119 home calls and there were 2,344 recoveries.



Home visits are made by a Dispensary Nurse for follow-up in advising patients to return to the Regional Health Center for adjustment when they really need it. All reports are received from the laboratory. Home visits numbered 9. The room also serves as a day and evening adult clinics for talk and education held up and throughout the city. They have 65 hours to the Red Cross Blood Bank.

3,291 home calls for 40,000 home care calls and \$6.00 for night calls after 8 P.M.).  
One visit is for medically indigent made by the visiting Nurse Association  
are also paid for by \$1.25 per visit. Health Vision paid for 1,753  
medically indigent patients and the Relief Department paid for 1,731 relief  
patients. There were 880 refusals.

Free prescriptions for clinic and home visited patients entered 15,119. Pharmacy also distributes all free immunization and testing vaccine sera, etc. War of increase in immunizations, vaccinations, sickle tests, and Salk vaccine in children over to pre-school children, which is a necessary requirement before entering school.

Free diphtheria injections are offered to all individuals under 20 years and to all pregnant women.

Her "wool" group letters from official and unofficial agencies are received yearly re: certain patients' medical histories.

During the year, 3,713 domestics were examined for approved health cards, including 12 who were examined by their own physicians. Temporary cards were issued for 1 here (case 1) and 11 outside (case 7). All of these cases were quickly made non-infectious.

There were 101 rejected for venereal diseases and 62 rejected for tuberculosis.

During the year, 16 taxi-drivers, 9 psychiatrists, 12 homecare workers and 76 foster parents were examined. Such examination is required by state law. Most states also require that their examination and physical approvals by private physicians.

\*Examined by private physicians

1960  


---

13

1941  
12



Harold R. Merlan, D.D.S., M.S., Post-Dent. in Charge

In the area of Dental Health Education, lectures, tooth brush demonstrations, visual aids and traditional instructions have been given by the registered Dental Hygienist to the classrooms of assigned Parochial Schools. Chairside Dental Health instruction is given to each patient by the Dentist and auxiliary personnel.

Procedure along with good tooth brush habit, balanced traditional diet, emphasizing a diet which are proving effective in reducing dental decay in our school children. We are to effectively reduce the high incidence of dental caries.

Surveys are performed in the parochial schools.

Parochial Schools.

Indigent adult Dental care consists of examinations, diagnosis, x-rays, extractions, fillings and periodontal treatments.

Children Visits .....	21,244	Child Treatments .....	,
Adult Visits .....	3,000	Adult Treatments .....	,
	24,244	Total	35,000

TOTAL X-RAYS

Number of Individual Patients ..	2,820	Films Processed .....	11,746
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~~At the time of the survey, the following children were~~

Children examined in need of dental care .....	,
Children examined not in need of dental care .....	2,

Dentist.





SALE RATE - 1961  
 Vincent J. Strack, D.O., Director

Charles Munefor, M.D., Asst. Director  
 Frances J. Dugosz, M.S., Supervisor

SALE RATE - 12.8 PER CM

The death rate for 1961, 12.8 per CM, represents a slight increase over the all time low rate of the preceding year. This rise may be chiefly attributed to the corresponding increase in the number of unknown cases of Tuberculosis discovered only after death. Out of a total of 52 deaths in 1961, 28 (over 50%) were unknown before death. These patients never consulted a physician and were never under treatment prior to death. The diagnosis was made only by post mortem examination because of sudden death.

The 1961 mortality rate increased to 91.3 over 84.7 in 1960 reflecting the intensive efforts of our staff to seek new cases.

Improved tuberculin test by means of the Heaf test instead of the Patch test has been employed extensively in exposed children and other contacts. Prophylactic treatment of recent positive converters has resulted in a gratifying decrease in the active cases in this group. Heaf testing was instituted on all adult contacts and where reaction and history indicated, prophylactic chemotherapy was given. Prenatal cases are now routinely tested and x-ray only employed if Heaf test is positive.

We also instituted urine examination to determine whether the prescribed prophylactic treatment of 15a was being given.

There has been an increase in the number of commitments, necessitated by patients repeatedly leaving the sanatorium against medical advice. We felt this action necessary to prevent the spread of infection to the public. Commitments were made to the N. J. State Hospital, where patients may walk out despite the court commitment. Commitments are necessary in delinquent, recalcitrant cases who, because of low IQ, drunkenness and environment just cannot or will not take care of themselves.

During 1961 we reviewed the records of longstanding inactive and arrested cases of tuberculosis. Where past treatment had been inadequate according to our modern standards, supplementary chemotherapy was given to maintain arrested status and avoid re-activation.







VERMONT - 1961 - 1966

DIAGNOSTIC WORK TOTALS

Cases and Contacts under supervision-----	6,901
Visits: Patients 15,306      Contacts 15,709-----	31,075
Clinic Examinations - Tuberculosis, Adults and Children-----	12,913
Clinic Examinations - Cardiac-----	5,249
X-rays    (4x7--4,403)    (14x17--4,584)-----	9,287
Streptomycin Injections (clinic)-----	4,271
Patch Tests (clinic)-----	3,468
Sputum Examinations-----	2,491
Electrocardiograms-----	914
Def Tests-----	792
Hydric Injections-----	587
Patch Tests (home)-----	496
Streptomycin Injections (home)-----	250
Patients sent to hospital-----	63
Penicillin Injections-----	46
Fluoroscopic Examinations-----	40

DIAGNOSTIC EXAMINATIONS

Vermont - Essex County Sanatorium-----	254
Joe Gardner - State Sanatorium Clinic-----	12

1966-1967 MORTALITY AND MORBIDITY DATA

YEAR	POPULATION	NO. DEATHS	CASES REPORTED	MORTALITY	MORBIDITY
1915	375,000	808	2146	215.5	572.2
1920	417,654	540	1790	130.4	428.1
1925	455,000	378	872	83.4	192.5
1930	440,000	445	1000	101.1	227.3
1935	455,000	316	654	69.5	143.7
1940	429,000	309	586	71.9	136.6
1945	443,000	247	495	55.8	111.7
1950	443,000	209	526	47.2	117.2
1955	443,000	68	490	15.3	110.6
1960	405,000	40	343	9.9	84.7
1961	405,000	52	372	12.8	91.8



U.S. (132) of time after report (19)

No. Cases reported prior to death - within 1 year	20	406
1 year and over	20	406
No. Cases reported after death	20	406

AGE GROUP 1951-961 (7 year total)

under 1 year	20	45 to 54 years	20
1 to 14 years	20	55 to 64 years	20
15 to 24 years	20	65 to 74 years	20
25 to 34 years	20	75 and over	20





$$C_0 = \frac{1}{\sqrt{\pi}} \int_{-\infty}^{\infty} C(\omega) d\omega$$
[illegible]



In 1961, there was a total of 16,353 visits. During the following number of injections at our 10 Clinics: 12,466 against Diphtheria-Pertussis-Tetanus, 1,564 "Booster" injections against Diphtheria-Pertussis-Tetanus, 17,932 Salk Vaccine injections against Poliomyelitis, 5,415 vaccinations against Smallpox, and 152 Patch Tests (Tuberculin skin test.)

In 1960 we started a program of cooperation and coordination of services with the Essex Unit, New Jersey Assoc. for Retarded Children, and this program has been successfully followed in 1961 with the result that we now have a "active case-load" of 110 mentally retarded children. One of our Public Health Nurses has been appointed liaison nurse to work closely with the agency and act as the other Public Health Nurse of the Bureau. She has received orientation in this work at St. Christopher's Hospital for Children in Philadelphia and at the Solomon Child in Brooklyn, while the nursing staff has received orientation through the Bureau and by attending meetings at various places throughout the County.

#### MULTIPLE ACTIVITIES - 1961

Total Number Supervised Babies Under Six Years - - - - -	11,262
Nurses' Visits to Clinics - - - - -	50,627
Mothers' Visits to Clinics - Total Maternal - - - - -	14,365
Number Babies Attended at Home - Total Maternal - - - - -	5,405
Number Visits to Protective Center - - - - -	1,238
Injections against Diphtheria-Pertussis-Tetanus - - - - -	12,466
Booster injections against Diphtheria-Pertussis-Tetanus - - - - -	1,564
Salk Vaccine Injections against Poliomyelitis - - - - -	17,932
Vaccinations against Smallpox - - - - -	5,415
Patch Tests - - - - -	152

Social Study at Babies' Hospital (Quadruple Vaccine Injections - Diphtheria-Pertussis-Tetanus and Salk Vaccine Combined) Started on October 27, 1960 and Ended on July 6, 1961:

Babies in Study - 120; Completed - 103; Not Completed - 17



Joseph J. Brattalano, M.D.,  
 "The Health Service, St. Joseph's, ..."

The Health Division provides Medical Inspection, Health Service, and Health Education for approximately 16,000 elementary and secondary school children who attend local Parochial Schools. During 1961, thirty-two elementary schools, four high schools and one commercial school, or a total of thirty-seven (37) schools received service.

The objective of the school health program is positive health for all school children. This includes meeting the child's physical, mental, emotional, spiritual and social needs. This objective is accomplished through the cooperation of the clergy, school administrators, teachers, parents, family physicians, school staff physicians, school social worker and the nurse, and by utilizing the services offered by the social agencies in the community.

Many health problems have been detected through medical examinations. The parents of children found to have any type of defect, are notified by the nurse, of these findings immediately. The nurse requests the parents to seek professional attention for correction of the defect as soon as possible.

The nurse frequently contacts parents to arrange for a home visit or an office conference to discuss the importance of having defects corrected.

Parent-Nurse conferences are helpful in providing a better relationship between the school, the nurse and the family. A better understanding of all aims and objectives of the parties concerned, is achieved through personal contact.

Cumulative health records are kept on all school children. Since 1960 vaccination against smallpox, and immunization against Tuberculosis and Poliovirus, are pre-requisites to admission for all new students. This is mandatory for students transferring into the school for the first time in any grade, as well as for the student who has never attended school before.

A Home Nursing Instruction Program is conducted in some of the high schools for senior girls. Short health talks are given, in the classrooms, by the nurse, during the school year.

Many of the nurses have been requested to speak at Parent-teacher meetings on various aspects of health. These talks have proven very satisfactory. In 1961 the number of requests have increased noticeably.

Students in kindergarten, first, fourth, eighth, and all high school grades are patch tested each year.

During March and April of 1961 the Parochial School Bureau, in cooperation with the Health Division, conducted a modified Mantoux test, using the "Up ro" case-finding survey. The modified Mantoux test, using the "Up ro" positive reaction. Patch tests were given to 1,300 students and of this number 114 showed positive reaction. All positive reactors from



both types of testing were referred to their family physician or to a clinic.

In 1960 we made mention of the increasing need to provide care for the more fortunate to have Miss Immaculate Correale, Social Worker, has been of assistance to many children and to their families. The report of Social Service and a statistical table of this service will appear later in this report.

Students in all grades have their vision tested each year. Second and third graders are tested with the Massachusetts Vision Testing Machine. All other students are tested with the Snellen Eye Chart. Since the Fall of 1961, and in the future, the school nurse will do the Massachusetts Vision screening tests. This test was previously performed by three Optometrists. By having the nurse relieve the Optometrists of this function, it is now possible to have two, four hour clinic sessions each week instead of only one, two hour session.

Eye clinic is held on Tuesday and Thursday each week from 12 noon until 4 P.M. All children are seen by appointment. In 1961, 321 children from the Parochial Schools were examined at this clinic. Glasses were prescribed for 13.

going minor changes necessary for the most efficient nurse in the school.

Mandatory vaccination and immunization for all new students has become an accepted procedure in the Parochial School System, since this measure was put into effect last year.

The accident forms, instituted in 1960, have served a good purpose in alerting school personnel of accident prone areas within, or near, the school ground. The total number of accidents reported during 1961 from all schools totaled thirty-five. (25)

The emergency home contact cards have proven valuable in providing prompt professional care for ill and injured children.

The teacher observation charts have proven worthwhile. The teacher is alerted to symptoms evidenced by children in the classroom and can thus assist the nurse in detection of possible early defects.

The year old inter-departmental work of referral for positive tubercular patch test follow-up has provided an efficient means of receiving x-ray findings and recommendations of children who are positive patch reactors.





Summary of School Health Activities

Type of Activity	Number for 1960	Number for 1961
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Growth Surveys, including height, weight, screening of vision, hearing, condition of teeth, skin, posture, personal hygiene, etc. (nurse health appraisals)	15,712	16,670
Referrals and treatments by private and clinic physicians (referrals by nurses for follow-up on health problems)	4,932	5,936
Examinations by physicians in the school	9,170	6,462 *
Examinations and treatments by private dentists	3,781	3,764
Examinations and treatments by dentist	3,038	4,433
Number of children inspected in the classroom by the nurses	12,213	32,017
Classroom talks on health problems given by nurses	1,903	1,980
Home visits and telephone calls to parents and others	10,461	10,113
School exclusions	3,448	3,855
Number of children given first aid by nurses	16,795	9,376
Number of home nursing classes given in secondary schools	214	216
Total number of office conferences by the nurses with principals, teachers, parents, children, etc.	43,664	42,550
Audiometric screening tests	5,195	7,684

\*The decrease in the number of children examined by the physicians in the schools is due to a lack of physician personnel.



Type of Defect	1960	Number Remedied or Corrected	1961	Number Remedied or Corrected
	Number Found		Number Found	
Dental	3,972	5,678 *	5,176	6,892 *
Vision	2,162	1,612	1,828	1,518
Skin	533	620 *	273	370 *
Nose & Throat	463	363	336	435 *
Cardiac	179	129 *	74	109 *
Pediculosis	321	258	187	112
Nutrition	461	163	741	307
Personal Hygiene	302	340 *	204	210 *
Ear-Wearing Posture	188	95	183	120
Orthopedic	106	49	83	73
Other Illnesses and Conditions	2003	824	3,265	1,718

\* INCLUDES DEFECTS PREVIOUSLY FOUND - CORRECTED OR REMOVED

Hearing Defects found	1,122	2,000
Massachusetts Vision Screening Tests Vision Defects Found	1,122	2,000
Number of Smallpox Vaccinations by School Physicians	86	28
Initial Diphtheria - Whooping Cough and Tetanus Infections by School Physicians	13	1,000
Diphtheria Combined Boosters	1,661	1,414
Schick Tests	172	98
Positive Schick Tests	44	19
Mercalosis Tuberculin Tests	1,600	1,300
Positive Tuberculosis Patch Tests	104	111
Salk Poliomyelitis Vaccine Injections	5,251	2,921



1961

On September 1, 1961, a social service worker was assigned to the Parochial School Bureau, Division of Public Health. The service was instituted as a pilot project in answer to the Bureau's pressing need for assistance in servicing social problems which were interfering with effective public health nursing in behalf of the school child and his total development. Given a few weeks orientation period, social service became actually active on or about September 14, 1961. From the number and nature of referrals and services rendered, it is expected that Social Service, instituted as a pilot project, will most likely develop into a permanent and expanded Social Service Department.

During the month of September, 1961, the following referrals were received: 11 referrals were withdrawn, 4 were closed, 1 was active, and 1 was pending action. The following charts on referrals were specifically month by month, the number and nature of referrals; and the kind and number of action taken by social service.

## Number and Status of Referrals September 14, 1961- December 31, 1961

	Withdrawn	Closed	Active	Pending
1	1	4	1	1
11	-	-	-	-
1	-	-	1	-
		11		

The 19 referrals for the month of September concerned Social problems carried over from the school term. Given had in the past been referred to public health nursing, but were closed because of no social intervention. In conclusion, the activities for September concerned a clearance of old social problems.

Behavioral Problems	8	Social	5
Parental Neglect *	16	Cultural	3
Suspected Parental Cruelty	2	Economic	3
Economic Deficiency	2	Physical	1
Multiple	10	Psychological	14
Others	9	Multiple	15
	47		41

\*Erratic school attendance, withdrawal, and behavior that is anti-social in direction.

\*Analyzed upon social investigation and as referring to child and/or family social dynamics.

\*Hygienic, medical, nourishment, emotional, supervision and guidance.



2.

Social Service Action Taken	All Cases	Cases
Interview with Parents if seen and/or at office	60	60
Collateral Conferences	60	60
Collateral Communication	20	20
Counsel		
Referral to Social Worker, Secular, religious,		
for rehabilitation, housing, etc.	19	19
Diagnostic and Guidance Centers; Medical, psychological	11	11
General Health: Clinic	23	23
Private physician	1	1

members of his family.

Total Number of Referrals: 61.

Records are important. The primary reasons may be said to be four, namely: (1) in the process of recording case material, the social worker is alerted in her thinking, judgment, and action; (2) they provide experience material for current and/or future needs; (3) they provide resource material for evaluating social case work progress; and (4) they provide resource material for research.

For those reasons, Social Service has, among other things, instituted individual case history files, each complete with copies of collateral notes and other pertinent data. Furthermore, Social Service is also planning to develop a cross-reference index file, and a periodic general progress report.

And so in the intricacies of communication in a newly-instituted service, the social worker was confronted, at the very outset of her work, with the need to define and clarify her role to others as it is expected to function within the framework of Parochial Educational Systems and within the context of one of the community at large. In answer to that problem, the social worker is only able to hold a series of conferences with the directors of each of the Parochial Services and a last re-conference with Parochial School Superiors at one of their staff meetings. In short, instances, sequential lines of communication were opened permitting collaborative work in behalf of the school child.

Every role has a purpose and a function, and each is expected to be interrelated in such a way as to meet the reciprocal rights and obligations of the interacting individuals in the performance of their respective roles. Accordingly, the role of the Social Worker for Parochial School Service will be said to be to:

1. Social Service shall be to assist the child in his total development toward full social living. The focus shall be on all





#3.

those hindrances which tend or actually do interfere with the child's progressive social adjustment and growth; such hindrances being understood as encompassing a wide range of psycho-social causes including social, cultural, economic, physical, and psychological factors.

Its procedure shall be individual casework study with the child's family. It shall be done primarily by means of interviews with the child's parents or, in the absence of parents, with the child's legal guardian. It may also include collateral conferences with other informed or interested individuals, and with other social agencies. It shall also be done in collaboration with interested members of the Parochial Educational System.

Its methodology shall be supportive, analytical, and directive. The social worker shall approach a case study assuming little. She shall assess the social situation from where the family and the child sit; in other words, from the family's perspective. She shall be personally emotionally involved with the family's problems and tensions. Upon having made her social investigation, the social worker shall determine the nature of the child's needs and the social measures which shall, most often, be in the nature of referrals to other social agencies and/or community wide services. In that connection, Parochial services shall be for the social worker, her primary resource area.

Referrals to Social Service shall be made only in behalf of a Parochial School child; and they shall be made only by members of the Parochial School Bureau and/or the school Principal.

All information obtained in a social casework study shall be held strictly confidential and shall be kept under lock and key at the office of the Parochial School Bureau. Such information may be released to representatives of governmental and/or legitimate private social agencies, but only in the process of collaborating work in behalf of the school child. Under other circumstances, such information may also be released upon receipt of a written authorized statement by the child's parents or the child's legal guardian.

It is expected that referrals to Social Service will fluctuate from month to month, but with a trend toward their increase, as the service becomes more firmly rooted as an integral aspect of community wide services.











PUBLIC HEALTH LABORATORIES

These laboratories make food, milk and water examinations for the Health Division, and diagnostic tests for local hospitals, physicians and Health Division Clinics.

Carl Cordasco, B.S., Reg.Ph.G. - Chief Supervisor  
 Supv., Serology Lab - Meyer Levy, B.Sc.  
 Supv., Chemistry Lab - Sara Rothberg, B.A.  
 Supv., Bacteriol. Lab - Fred Coltrell

<u>Bacteriological</u>	<u>Total</u>	<u>Positive</u>	<u>Serological &amp; Hematol.</u>	<u>Total</u>	<u>Reactive</u>
Diphtheria Culture	101	0	Prenatal (V.D.R.L.)	4,255	179
Tuberculosis Sputa	3,607	203	Prenatal "	5,876	272
Typhoid-Stool & urine	65	11	Domestics "	1,937	268
Feces - Dysentery	44	5	Priv. Doctors "	10,802	885
Feces - Amoeba	14	3	Dispensary "	3,591	464
Feces - Ova & Parasites	139	23	Luetic Clinic "	4,387	1,459
Darkfields	130	31	Quant. tests "	2,077	994
Typh. Blood - Para A & B	7	1	Hospitals "	12,319	1,372
Rabies (Brain Exam)	41	0			
Vincent's Angina Smears	134	56	Total VDRL Tests	45,244	5,893
Trich. Vag.	493	65			
Gonorrhoea Smears	7,260	1,856	Confirm. Wassermans	5,607	3,092
Gonorrhoea Cultures	507	32	Spinal Fluids (Wass)	464	47
Undulant Fever	1	0	RH Fact. Determ. - Pos.	5,905	
Ophthalmic Gonorrhoea	114	9	RH Fact. Determ. - Neg.	499	
Epidemic Meningitis	16	0	Heter.Antib.Determ.	14	
Water-pool examinations	309		Urinalyses	4,054	
Milk & cream exams.	3,205		Complete Blood Counts	993	
Shellfish	9		Blood Sugars	728	
Frozen confections	115		Sedimentation Rates	144	
Misc. exams. - foods, swabs for utensils, rinse water, pollen counts, T.B. cultures	2,021		Bleeding & Clotting Time	8	
			Pandy's	3	
Total - Bact.	18,332		Total - Serol. & Hem.	63,663	
<u>Chemical</u>	<u>Total</u>		Note: Special examinations included horsemeat, added sulphites, ex- cessive fat content in meats, artificial coloring and flavor- ing, fat percentages, oils, drugs, as well as routine tests of swimming pool water for free chlorine.		
Milk	1,582				
Cream	761				
Ice Cream	119				
Pools - City water	305				
Meat	151				
Phosphotase Tests	2,377				
Miscellaneous tests	302				
Number of Analyses	7,682				
Total - Chemical	13,229		TOTAL TESTS - all labs.	95,224	







REFERENCE